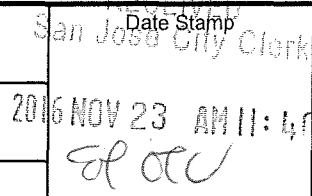


**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name City of San José <hr/> Division, Department, or Region (if applicable) Council District 2 <hr/> Designated Agency Contact (Name, Title) Kimberly Hernandez <hr/> <table style="width:100%;"> <tr> <td style="width:50%;">Area Code/Phone Number</td> <td style="width:50%;">E-mail</td> </tr> <tr> <td>(408) 535-4902</td> <td>district2@sanjoseca.gov</td> </tr> </table>		Area Code/Phone Number	E-mail	(408) 535-4902	district2@sanjoseca.gov	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <small>Date Stamp</small>  </div> <div style="border: 1px solid black; padding: 5px;"> California Form 802 <small>For Official Use Only</small> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) <hr/> Date of Original Filing: _____ <small>(month, day, year)</small> </div>
Area Code/Phone Number	E-mail					
(408) 535-4902	district2@sanjoseca.gov					

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 149

Event Description: Sharks vs. Devils Date(s) 11 / 21 / 16
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: San José Arena Authority
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

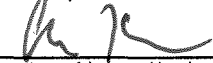
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
San José Fire Department	7	Recognition event
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Signature of Agency Head or Designee	Ash Kalra Print Name	Councilmember Title	11/21/16 (month, day, year)
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Comment: _____